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STATEMENT OF

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FORM 1		15	JUL J. 5 2 2: 57
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
David M Alameel F	or United States Senate		
ADDRESS (number and	street) 700 13th Street NW		
	Suite 600		
(Check if address is changed)	Washington CITY	DC 20005 STATE ZIP CODE	
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-mai	il address)	
Check if address is changed)	plgroup@perkinscoie.com		
COMMITTEE'S WEB PA	AGE ADDRESS (URL)		
(Check if address is changed)	http://www.alameelforse	nate.com/	
2. DATE 07/	15/2015		
3. FEC IDENTIFICATION	ON NUMBER C C0055316	54	
4. IS THIS STATEMEN	IT NEW(N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my		
Type or Print Name of Tr	easurer <u>Pavid Pulling</u> Ko	ondla Graves, As	sutant Treasurer
NOTE: Submission of fo	alse, erroneous, or incomplete information may sub ANY CHANGE IN INFORMATION SHOUL	ject the person signing this Statement to the po	enalties of 2 U.S.C 437g.
Office Use Only	For fu Feder Toll-fi	urther information contact: ral Election Commission ree 800-424-9530	FEC FORM 1 (Revised 02/2009)